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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director
Assistance to the Government of Yemen
Support for a comprehensive population programme

Proposed UNFPA assistance:	$15 million, of which $10 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Yemen United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agencies:	Ministry of Planning and Development

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92-10958

YEMEN

Demographic facts

Population Total (000)	
Total	11,687
Males	5,722
Females	5,965
Sex ratio (/100 females)	95.9
Urban	3,373
Rural	8,314
Per cent urban	28.9
Population in year 2000 (000)	16,649
Functional age groups (%)	
Young child: 0-4	20.5
Child: 5-14	29.1
Youth: 15-24	20.3
Elderly: 60+	4.0
65+	2.5
Women: 15-49	22.3
Median age (years)	15.2
Dependency ratios: total	108.6
(/100) Aged 0-14	103.5
Aged 65+	5.1
Agricultural population density (/hectare of arable land)	*
Population density (/sq. km.)	22
Average annual change (000)	
Population increase	461
Births	640
Deaths	179
Net migration	0
Annual population total (% growth)	3.60
Urban	6.40
Rural	2.35
Crude birth rate (/1000)	49.9
Crude death rate (/1000)	13.9
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	7.34
Gross reproduction rate (/woman)	3.58
Net reproduction rate (/woman)	2.70
Infant mortality rate (/1000)	107
Life expectancy at birth (years)	
Males	52.3
Females	53.0
Both sexes	52.7
GNP per capita (U.S. dollars, 1989)	*

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

* not available.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $15 million, of which $10 million would come from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Yemen in achieving its population and development objectives. UNFPA would seek to provide the balance of $5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This would be the first UNFPA-supported programme of assistance to Yemen. To date, UNFPA has separately assisted the former People's Democratic Republic of Yemen and the Yemen Arab Republic. The Third UNFPA programme with the People's Democratic Republic of Yemen, was approved in 1986 in the amount of $4.5 million and ended in 1990. It was subsequently extended to December 1991. The programme with the Yemen Arab Republic, ending in December 1991, was approved in 1987 in the amount of $5 million.

2. The proposed programme is based on the findings and recommendations of the UNFPA Programme Review and Strategy Development mission that visited the country in July-August 1991 and that worked in close collaboration with the Government and with non-governmental organizations (NGOs). The mission's recommendations were formulated along the lines of the Government's population goals and strategies, which are reflected in the Population Strategy Document endorsed by the Ministerial Cabinet in August 1991 and the Population Action Plan that resulted from the First National Population Policy Conference of October 1991 and that was endorsed by the Government.

3. The proposed programme seeks to supplement and complement national population efforts. The main objectives of the proposed UNFPA programme are to assist the country in: (a) elaborating the national population policy and translating it into operational programmes at the regional and local levels; (b) devising strategies for and implementing maternal and child health and family planning (MCH/FP) programmes; (c) integrating demographic variables into development planning; (d) reducing maternal and child mortality; (e) improving the status of women and contributing to a multisectoral approach to enhance their access to health, nutrition, family planning, education and employment through information dissemination and provision of MCH/FP services; (f) developing population information, education and communication programmes based on interpersonal communication; and (g) integrating population education into various educational and training programmes.

4. All projects under the proposed programme, as in all UNFPA assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice, and the survival of national, regional and minority groups (para 14 (d)); that respect for human life is basic to all human societies (para 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para 14 (f)).

II. BACKGROUND

5. The Republic of Yemen was created in May 1990 by the unification of the former Yemen Arab Republic and the People's Democratic Republic of Yemen. Since unification, the country has experienced serious economic problems that were exacerbated by the Gulf War, which led to a reduction in foreign economic assistance and the return of 800,000 Yemeni workers from Saudi Arabia and the Gulf States. To

cope with these conditions, the Government put aside its long-term development plans and planned to take actions to stabilize the situation during 1992. A three-year interim development programme is supposed to begin in 1993, followed by the first comprehensive development plan in 1996.

6. Demographic trends. According to government estimates, the total population of Yemen was 11.6 million in 1990. It is thought that this figure has increased to 12.3 million because of the influx of returnees since 1991. Yemen has one of the highest fertility rates in the world -- estimated at 8.4 children per woman. The country's other demographic indicators are at an early transitional stage, with gradually falling death and birth rates. The crude birth rate is 52.8 per 1,000 and the crude death rate is 21.8 per 1,000. There is a natural rate of increase of 3.1 per cent a year and an average life expectancy at birth of 46.3 years. (United Nations estimates can be found in the demographic data sheet on page 2.)

7. Yemen's high rate of population growth and low life expectancy are reflected in the figures for maternal and child mortality and morbidity. Maternal mortality is estimated at 1,000 per 100,000 live births and infant mortality at 130 per 1,000 live births. These high rates are caused by, among other factors, a high rate of births outside the safe age range of 20 to 35, short pregnancy intervals, and the frequency of women bearing more than five children. The contraceptive prevalence rate is quite low, at an estimated 3-3.5 percent. There is a large difference in contraceptive usage in urban areas (estimated at 10 per cent) and rural areas (2.5 per cent).

8. Social conditions. Yemen suffers from a lack of infrastructure that manifests itself in several ways. The generally poor health conditions are the result of a lack of coverage of primary health services, which reach only about 40 per cent of the population. It is thought that only about 5-10 per cent of the population has access to any kind of MCH/FP services. Likewise, schools are insufficient: it is estimated that 67 per cent of the population in the northern governorates is illiterate and that the illiteracy rate for women exceeds 85 per cent. Efforts to improve these conditions are currently hampered by inadequate financial and manpower resources, the problems of harmonizing the administrative and economic systems of the two predecessor countries and the pressure created by the large number of returnees.

9. The Government of Yemen is well aware of the country's population problems and in August 1991 officially endorsed national population goals for the year 2000 that will seek to reduce the levels of fertility, morbidity and mortality and to rapidly expand the coverage of primary health care and MCH/FP services. In achieving these goals the Government will have to overcome constraints in several areas, including the shortage of trained service providers, inadequate management and a lack of disaggregated and reliable population and economic data. The Government will need to strengthen its institutional capacity to deal with population problems and to better coordinate assistance from outside sources. A National Population Council, with a Technical Secretariat, was established by decree in August 1991 to plan, monitor, coordinate and evaluate the implementation of population and related programmes. The Government has also established a Joint Steering Committee, made up of representatives of the Ministry of Planning and Development and of the international donor community, to coordinate foreign financial assistance.

III. REVIEW OF UNFPA ASSISTANCE AND OTHER ASSISTANCE TO DATE

10. UNFPA provided assistance to the Yemen Arab Republic starting in 1972, but the first comprehensive country programme was approved only in January 1981 in the amount of $4 million for the period 1981-1985. The previous programme was approved by the Governing Council in June 1987, in the amount of $5 million for the years 1987-1991. The programme focused on MCH/FP and also developed population education

activities in the formal sector, supported data collection and analysis and research as well as women in development activities.

11. UNFPA began assistance to the former People's Democratic Republic of Yemen in 1972 with support for preparatory activities for the 1973 census. The first country programme was approved in June 1979 in the amount of $5.5 million over the period 1979-1982 and was subsequently extended to 1985. Due to unforeseen circumstances in the country, the submission of the succeeding country programme was not made until 1987; 1986 was considered an interim year, during which a number of preparatory activities were carried out.

12. In previous UNFPA programmes to both the Yemen Arab Republic and the People's Democratic Republic of Yemen, the major focus in the area of MCH/FP was to train nurses and midwives in family planning before they entered service and to supply female primary health care workers with in-service training. These training activities were carried out by international trainers with the aim that the programme would later be taken over by nationals. Prior programmes in both countries also included in- and out-of-school population education activities. The programme in the People's Democratic Republic of Yemen had a broader range of activities that included communication activities in both the organized rural and labour sectors, including trade unions. Moreover, UNFPA provided important support for the data collection and analysis activities of the 1986 census in the Yemen Arab Republic and the 1988 census in the People's Democratic Republic of Yemen. It also provided assistance in the area of civil registration and the maintenance of vital statistics.

13. The most important result of UNFPA's previous programmes of support in both Yemens was its contribution to making the Governments aware of the need for establishing national population policies. This was achieved by awareness-generation activities in the Ministry of Planning of the former People's Democratic Republic of Yemen and the Central Planning Organization of the former Yemen Arab Republic. The fruits of these efforts was the adoption of a national population policy and the establishment of a National Population Council by the united Republic of Yemen in August 1991.

14. The constraints encountered in the implementation of UNFPA activities included the poor design of some of these activities, the shortage of skilled managers that resulted in an over-reliance on foreign expertise, delays in recruitment, sometimes weak technical backstopping, and complicated procedures that caused delays in delivery of equipment and supplies.

Other external assistance

15. Among other United Nations agencies, UNICEF has provided support for an expanded programme of immunization (EPI) and an anti-diarrheal disease (ADD) programme. It has also supported activities in the areas of sanitation, nutrition, health education and female literacy. As part of its broad programme of support for economic development programmes, UNDP is supporting health projects executed by the World Health Organization (WHO) that include support for primary health care, development of manpower resources, hospital administration and hygiene. The Food and Agriculture Organization (FAO) and the International Labour Organisation (ILO) are implementing activities aimed at integrating family life education into training for rural extension workers and the organized labour sector, respectively.

16. The World Bank has financed projects to expand hospitals and health centres and to train administrative support personnel as well as to help manage health training centres.

17. Among bilateral donors, the United States Agency for International Development (USAID) has supported projects in population IEC and the Yemen Demographic and Maternal and Child Health Survey. The current (1992-1998) USAID programme focuses on data collection and analysis, awareness creation and communication, skills development for service delivery, social marketing of contraceptives, and women, population and development activities. The United States Census Bureau, as well as NIDI and DHS, have supported the conduct of national censuses and other demographic surveys. Kuwait and Saudi Arabia have supported the construction of the Faculty of Medicine in Sana'a and hospitals in three governorates. The Netherlands has provided assistance in the areas of primary health care, data collection, women in development, rural development and the environment. France and Germany provided assistance to the People's Democratic Republic of Yemen in the areas of health and women in development.

18. The International Planned Parenthood Federation has provided important support for the Yemen Family Care Association, which is the country's most active NGO in the area of family planning. The British Organization for Community Development has provided support for primary health care training in three regions. The Swedish NGO Radda Barnen has supported activities in helping to administer MCH clinics, develop health personnel and carry out operational research.

IV. PROPOSED PROGRAMME 1992-1996

19. The main objectives of the proposed programme are detailed in paragraph 3 above. The overall objective of the proposed programme is to support the Government in attaining the goals stated in the Population Strategy Document. These goals aim to achieve: (a) a population growth rate of 2 per cent a year by the year 2000; (b) an increase in life expectancy at birth from 46 years in 1991 to 60 by the year 2000; (c) a reduction in maternal mortality from all causes by 50 per cent; (d) a decrease in infant mortality from 130 per 1,000 in 1991 to 60 per 1,000, and of child (ages 1-4) mortality by 50 per cent. The achievement of these goals will require the reduction of total fertility rate from 8.4 in 1991 to 6 in the year 2000 by increasing contraceptive use from around 3.5 per cent in 1991 to 35 per cent by the year 2000. Related goals include increasing the coverage of the primary health care system from the current 40 per cent to 90 per cent of the population; increasing enrolment in primary education to 85 per cent and reducing the illiteracy rate to less than 50 per cent among females and less than 30 per cent among males. The national strategy also aims at curtailing migration from rural to urban areas through rural development and by the creation of small and medium-sized towns.

20. Based on their findings and discussions with government officials, the PRSD mission devised an overall strategy as well as sector-specific strategies along the lines of the national goals. The mission felt that a priority in all sectors would be providing full assistance to women's groups and institutions for the improvement of women's status and for measures to address their special needs. Within the framework of the Safe Motherhood initiative, priority should be given to quality reproductive health services and the expansion of contraceptive coverage to both men and women. Particular efforts should be directed towards community involvement in order to increase cost-effectiveness and ensure self-sustainability. To achieve the long-term objectives of changing attitudes and behaviour it will be necessary to develop effective population IEC programmes that emphasize interpersonal communication and the use of existing multi-media channels. In the area of data collection and analysis, the strategy would focus on upgrading existing institutions and in working to integrate population variables into the planning of each of the sectoral ministries.

Maternal and child health and family planning

21. In light of the Government's objective of achieving a 50 per cent decline in the rate of maternal mortality, UNFPA would assist the Government in improving the quality and access to MCH/FP services within existing structures by improving the skills and increasing the number of female health workers and traditional birth attendants (TBAs) and by directing their services to remote areas. The proposed programme would also work to strengthen the managerial, technical and service delivery capability of MCH/FP-related government and non-governmental institutions.

22. UNFPA would work to support the diversification of contraceptive methods to meet the growing need for greater choice. In this regard, UNFPA would support both pre-service and in-service training programmes within relevant government institutions that would include improving counselling skills as well as technical skills for the insertion of intra-uterine devices (IUDs) and other long-term effective and reversible methods, such as NORPLANT. UNFPA would also help to develop decentralized distribution channels, partly through NGOs and, possibly, through community-based distribution systems. UNFPA would support the expansion and strengthening of central and regional government health offices by helping upgrade the management system, including the development of a management information system.

23. UNFPA would provide funds to cover contraceptive needs according to realistic absorptive capability estimates in accordance with the Government's long-range goals. Projections to reach the stated fertility goal of 6 by the year 2000 show that the number of contraceptive users should multiply by 6 between 1991 and 1996 and that a total amount of around $4 million would be needed to cover the cost of contraceptives over the five year period, funded by a variety of sources. A larger amount would be needed to cover the cost of contraceptives in order to achieve the Government's objective of a contraceptive prevalence rate of 35 per cent in the year 2000.

24. UNFPA would provide support to the Government of Yemen in the area of MCH/FP in the amount of $5.2 million, of which $1.5 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

25. In the area of population IEC, UNFPA would support training activities, the development of educational materials, the dissemination of relevant information to policy makers and planners, and the integration of population education into various educational and training programmes now being revised. UNFPA would use a multi-media approach that focuses on interpersonal communication through such channels as rural extension workers, the organized labour sector and health personnel by improving counselling skills on the use of family planning methods and for other health-related topics, including breastfeeding and the prevention of sexually transmitted diseases (STDs) and AIDS. In order to ensure collaboration and coordination among various ministries and NGOs and the community, a high-level steering committee is in the process of being established under the supervision of the Ministry of Information. The targets for population IEC are men, women of reproductive age, youth and planners and policy makers. Messages for each of these groups would be developed on the basis of socio-cultural research for which UNFPA would provide technical and financial support, and they would aim to generate demand for family planning services.

26. Continuing its support for population education, UNFPA would assist in institutionalizing population components in both the school and adult education programmes, by strengthening the capacity of the Ministry

of Education to implement training programmes and to produce adequate materials. UNFPA would also help to establish a mechanism based on knowledge-attitude-practices (KAP) surveys to evaluate the effectiveness of these education efforts.

27. UNFPA would provide support in the area of IEC in both the formal and informal sectors in the amount of $2.7 million, of which $2 million would be provided from UNFPA regular resources and $700,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

28. As a prerequisite to policy development, UNFPA would strengthen the capability of the government institutions responsible for data collection, processing, analysis and research to ensure the reliability and quality of stock and flow statistics. As a priority, UNFPA would provide technical assistance and training prior to the 1994 census. This assistance would focus on strengthening the institutional and managerial framework as well as the regional and sector-specific statistical units. In respect to programme data, UNFPA and other international agencies would assist in the development of statistics needed for monitoring and evaluating programmes and projects. UNFPA support would include training national staff in entering, editing, and managing data and tabulation programmes and the strengthening of the civil registration system and the development of vital statistics. UNFPA, in collaboration with other international agencies, would support the Government in the expansion of its microcomputer network. Data dissemination would be undertaken in collaboration with public and private institutions. Along with its partner agencies in the Joint Consultative Group on Policy, UNFPA would also be involved in the establishment of databases to monitor the pace of social change in Yemen.

29. UNFPA would provide $2.3 million for data collection and analysis, of which $900,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

30. In population policy formulation, UNFPA would take major responsibility in strengthening the National Population Council, and its Technical Secretariat, which is responsible for planning, coordinating and monitoring the implementation and follow-up of population policies and related programmes. UNFPA would support the Technical Secretariat in improving its managerial and technical capability to perform its tasks. UNFPA would also assist in upgrading the capability of the Ministry of Planning and Development as well as the planning units of sectoral ministries to integrate population aspects into the planning process.

31. UNFPA would provide $1.5 million to support activities in the field of population policy formulation, of which $600,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

32. In the area of women, population and development UNFPA would work with other multi-bilateral donors, notably the Netherlands and UNDP, in integrating population components into projects that focus on women in development. UNFPA would also work to ensure that women's concerns are taken into account in all activities carried out under the proposed programme. Specifically, the programme would carry out awareness-creation activities to make women more aware of their rights and of the availability of health services, specifically of MCH/FP services. This would be carried out by both governmental and non-

governmental organizations with the aim of reaching the grass roots, particularly women living in remote rural areas.

33. UNFPA would integrate population IEC components into the multisectoral strategy that aims to improve education and technical skills of women through vocational training. In addition to such training, job opportunities will be ensured by the assistance of a Development Bank to be sponsored by UNDP or the Dutch Government. The multisectoral aspect of the strategy includes the improvement in the quality of and access to MCH/FP services, the development of a women in development strategy, as well as gender-specific research.

34. UNFPA would provide support to Yemen in the area of women, population and development in the amount of $2 million, $1 million of which would be sought from other sources, including multi-bilateral sources.

Special programmes

35. UNFPA would support activities in the area of youth and development in collaboration with the Ministry of Youth and Sports and with youth NGOs. These would include awareness creation, especially among youth leaders, on the relationship between demographic trends and socio-economic development as well as the integration of reproductive information into youth training programmes with the aim of creating demand for family planning services. In the area of the environment, UNFPA would also support activities in collaboration with the Environmental Protection Council and with the Environmental Protection Association on awareness creation about environment conservation and the link between population and sustainable development. UNFPA would sponsor activities related to the prevention of sexually transmitted diseases (STDs) and AIDS. These activities would be developed in close coordination with WHO and with international and national NGOs.

36. UNFPA would provide support to Yemen for special programmes in the areas of youth, environment and AIDS in the amount of $1.1 million, of which $300,000 would come from UNFPA regular resources and $800,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

37. UNFPA would set aside a reserve of $200,000 to meet unforeseen needs that may arise during the programme cycle.

Programme coordination

38. Coordination of all external assistance in Yemen is the responsibility of the Ministry of Planning and Development. Aware of the impact that effective coordination has on maximizing the effect of inputs, the Government and UNDP have started a steering committee to coordinate international cooperation. Both the Government and UNDP have requested UNFPA to play a coordinating role in the area of population. The Fund would also work within the context of the Joint Consultative Group on Policy to coordinate its programme with other member agencies. To ensure coordination between UNDP and UNFPA assistance, the present programme would involve a 1- to 2-year interim period during which it is expected that most of the government infrastructure would be put into place. UNDP has also earmarked part of its indicative planning figure (IPF) for human development. UNDP would coordinate with the Fund for the programming

of these funds with the understanding that UNDP would complement the activities of UNFPA and other United Nations agencies. UNFPA will also develop joint projects with UNICEF, which will commence a new programme in 1993. The World Bank has a current programme in health. It has also developed a proposal for women, health and development based on an improvement of maternal health through an education and service delivery programme linked with income-generating activities, and will consider implementing activities within the framework of the National Population Action Plan.

Programme monitoring, evaluation and management

39. All projects developed under the proposed programme would have built-in monitoring and evaluation components. Since the two first years are planned to be an interim period, selected sectoral activities undertaken during this period would be evaluated at the end of 1993. It is foreseen that the UNFPA office will be faced with greater demands for technical and managerial assistance in order for the Government to increase the number of projects that it executes. Training of nationals in UNFPA procedures would therefore be undertaken. The proposed programme would be managed by the UNFPA Country Director for Yemen under the overall supervision of the UNFPA Representative, who is also the Resident Representative of UNDP. As there is now only a single office located in Sana'a, project monitoring will involve a substantial amount of travel within the country. Whatever the mode of execution, UNFPA would make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support team that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

40. As indicated in paragraph 1, UNFPA would provide assistance to Yemen in the amount of $15 million over the five-year period 1992-1996, of which $10 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme areas would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	3,700,000	1,500,000	5,200,000
Information, education and communication	2,000,000	700,000	2,700,000
Data collection and analysis	1,400,000	900,000	2,300,000
Population policy formulation	900,000	600,000	1,500,000
Women, population and development	1,000,000	1,000,000	2,000,000
Special programmes	800,000	300,000	1,100,000
Programme reserve	200,000	--	200,000
TOTAL	10,000,000	5,000,000	15,000,000

V. RECOMMENDATION

41. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Yemen in the amount of $15 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $10 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $5 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Yemen and with the executing agencies.